TEACHING ASSISTANT APPLICATION FORM

If you are interested in being considered for a Teaching Assistantship in the Department of Communication at the University of Wisconsin-Milwaukee, please complete the information below and mail this form to:

DIRECTOR OF GRADUATE STUDIES
DEPARTMENT OF COMMUNICATION
UNIVERSITY OF WISCONSIN-MILWAUKEE
P.O. BOX 413
MILWAUKEE, WI 53201

NAME:_______________________________________________________
ADDRESS:____________________________________________________
CITY:_________________________________________________________
STATE:_________________________________________ZIP:___________
PHONE:_______________________________________________________
EMAIL:________________________________________________________

Semester you wish to begin the Teaching Assistant Position:

Fall                  Spring               Year____________

In the space below, please provide a brief statement as to why you would like to obtain a position as a Teaching Assistant, and what qualifications you would bring to such a position.